

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
10632 CERTIFICATE OF DEATH

10631

Reg. Dist. No. 254

1. PLACE OF DEATH a. COUNTY Queen Anne Co. MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Md. b. COUNTY Queen Anne Co.			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) rural				c. LENGTH OF STAY IN 1b full life			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION R.F.D.				d. STREET ADDRESS R.F.D.			
3. NAME OF DECEASED (Type or print) Sadie R. Arrington				4. DATE OF DEATH Month Oct. Day II Year 1956			
5. SEX fem.	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 6, 1879		9. AGE (In years last birthday) 76 yrs.	10. IF UNDER 1 YEAR IF UNDER 24 HRS. Months 10 Days 5 Hours 5 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife			10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (State or foreign country) Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Thomas F. Shortall				14. MOTHER'S MAIDEN NAME Rosalee Daughtery			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, no, or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT Address W. Walter Arrington Centerville, Md			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic Interstitial nephritis 592x DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) with Heart Complication DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____							INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20c. TIME OF INJURY Month, Day, Year Hour a. m. 19 p. m.			20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)
21. I certify that I attended the deceased from 2/11 , 19 56 , to 10/11 , 19 56 , that I last saw the deceased alive on 10/11 , 19 56 , and that death occurred at 3:30 P. M., from the causes and on the date stated above.							
ACTUAL SIGNATURE W. J. Newry, Fisher				ADDRESS (Street, city or town, state) Centerville, Md.		DATE SIGNED 10/13/56	
PHYSICIAN'S NAME (Type) _____							
22a. BURIAL, CREMATION, REMOVAL (Specify) burial		22b. DATE THEREOF Oct. 15, 1956		22c. NAME OF CEMETERY OR CREMATORY St Peters R.C. Cem.		22d. LOCATION (City, town, or county) (State) near Centerville, Md.	
23. FUNERAL DIRECTOR'S SIGNATURE John D. Williams				ADDRESS Easton, Md.		24a. REC'D BY REGISTRAR DATE 10/15/56	
				24b. REGISTRAR'S SIGNATURE Wm M. Aledridge			

MEDICAL CERTIFICATION

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH - BALTIMORE 19

CERTIFICATE OF DEATH

BUREAU V. 8

OCT 18 1956

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10633 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

10632

Reg. Dist. No.

254

1. PLACE OF DEATH a. COUNTY <u>QUEEN ANNE'S</u> MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>GRASONVILLE</u> c. LENGTH OF STAY IN 1b <u>12 YRS.</u> d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)				2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. STATE <u>MARYLAND</u> b. COUNTY <u>QUEEN ANNE'S</u> c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>GRASONVILLE</u> d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) <u>HARVEY GUESSFORD COUNCIL</u> First Middle Last				4. DATE OF DEATH Month <u>Oct.</u> Day <u>10</u> Year <u>1956</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Nov-23-1879</u>	
9. AGE (In years last birthday) <u>76</u> yrs.		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>Shipyard Foreman</u>		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>Richard Council</u>	
14. MOTHER'S MAIDEN NAME <u>Mary Emma Guessford</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>221-01-0554A</u>		17. INFORMANT <u>Mrs. Bertha L. Jones</u> Address <u>10 Payson Ave. Catonsville Baltimore 28 Md</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u> <u>331X</u> DUE TO <u>Found dead in his home - 2nd Stroke</u> Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <u>Stroke</u> DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.			
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				20c. TIME OF INJURY Month, Day, Year <u>19</u>			
20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>				20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)			
20f. (City or town) (County) (State)				21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> Inspection <input type="checkbox"/> Inquiry <input type="checkbox"/> and find that death resulted from: Natural causes <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined cause <input type="checkbox"/>			
ACTUAL SIGNATURE <u>W. H. Fisher</u>				DATE SIGNED <u>10/13-56</u>			
EXAMINER'S NAME (Type)				M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input type="checkbox"/>			
22a. BURIAL, CREMATION, OR OTHER DISPOSITION (Specify) <u>Buried</u>		22b. DATE THEREOF <u>Oct 13-56</u>		22c. NAME OF CEMETERY OR CREMATORY <u>Chesterfield</u>		22d. LOCATION (City, town, or county) (State) <u>Catonsville Maryland</u>	
23. FUNERAL DIRECTOR'S SIGNATURE <u>W. E. G. Garton</u> ADDRESS <u>Baltimore Md</u>				24a. REC'D BY REGISTRAR <u>22-1956</u> DATE			
24b. REGISTRAR'S SIGNATURE <u>Elsie Armstrong</u>							

MEDICAL CERTIFICATION

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation, or removal.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

LOCALITY		COUNTY	
DECEASED		RESIDENT	
DATE OF DEATH		PLACE OF DEATH	
CAUSE OF DEATH		MANNER OF DEATH	
AGE		SEX	
RACE		RELIGION	
EDUCATION		OCCUPATION	
MARITAL STATUS		SINGLE	
PREVIOUS MARRIAGES		NUMBER OF CHILDREN	
EDUCATIONAL RECORD		MILITARY RECORD	
RECORD OF SERVICE		RECORD OF CRIMINAL RECORD	
RECORD OF MENTAL RECORD		RECORD OF PHYSICAL RECORD	
RECORD OF SOCIAL RECORD		RECORD OF ECONOMIC RECORD	
RECORD OF CULTURAL RECORD		RECORD OF RECREATIONAL RECORD	
RECORD OF ARTIST RECORD		RECORD OF SCIENTIFIC RECORD	
RECORD OF LITERARY RECORD		RECORD OF HISTORICAL RECORD	
RECORD OF LEGAL RECORD		RECORD OF MEDICAL RECORD	
RECORD OF POLITICAL RECORD		RECORD OF RELIGIOUS RECORD	
RECORD OF SOCIAL RECORD		RECORD OF ECONOMIC RECORD	
RECORD OF CULTURAL RECORD		RECORD OF RECREATIONAL RECORD	
RECORD OF ARTIST RECORD		RECORD OF SCIENTIFIC RECORD	
RECORD OF LITERARY RECORD		RECORD OF HISTORICAL RECORD	
RECORD OF LEGAL RECORD		RECORD OF MEDICAL RECORD	
RECORD OF POLITICAL RECORD		RECORD OF RELIGIOUS RECORD	

Oct. 10 1956

100-32-1839 36

BUREAU V. S.

OCT 22 1956

RECEIVED

100-32-1839 36
Bureau of Vital Statistics
Baltimore, Md.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10633

10634

CERTIFICATE OF DEATH

Reg. Dist. No.

251

1. PLACE OF DEATH a. COUNTY <u>Queen Anne</u> MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Maryland</u> b. COUNTY <u>Queen Anne</u>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Barclay</u>				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Barclay</u>			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION				d. STREET ADDRESS			
3. NAME OF DECEASED (Type or print) First <u>Beauregard</u> Middle <u>Davis</u> Last <u>Davis</u>				4. DATE OF DEATH Month <u>October</u> Day <u>23</u> Year <u>1956</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>June 27-1861</u>	
9. AGE (In years last birthday) <u>95</u> yrs.		IF UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>		IF UNDER 24 HRS. Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farm owner</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>John Davis</u>				14. MOTHER'S MAIDEN NAME <u>Rebecca Voshell</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u> </u>		17. INFORMANT <u>Mrs. Ben. Walters--Barclay, Maryland</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Cardiac Dilatation</u> <u>422.1</u> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) <u>Chronic Myocarditis</u> (c) <u>Coronary Arteriosclerosis</u>				INTERVAL BETWEEN ONSET AND DEATH			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Pneumonia</u>				19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month <u> </u> Day <u>20</u> Year <u>19</u> Hour a. m. <u> </u> p. m. <u> </u>		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from <u>Oct 1</u> , 19 <u>56</u> , to <u>Oct 23</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>Oct 22</u> , 19 <u>56</u> , and that death occurred at <u>530 P</u> M, from the causes and on the date stated above.							
ACTUAL SIGNATURE <u>C.H. Metcalfe</u>				ADDRESS (Street, city or town, state) <u>Templeville, Md.</u>			
PHYSICIAN'S NAME (Type) <u>C.H. Metcalfe</u>				DATE SIGNED <u>10/24/56</u>			
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		22b. DATE THEREOF <u>Oct. 26</u>		22c. NAME OF CEMETERY OR CREMATORY <u>Templeville</u>		22d. LOCATION (City, town, or county) (State) <u>Templeville, Md.</u>	
23. FUNERAL DIRECTOR'S SIGNATURE <u>Edgar H. Kane</u>				ADDRESS <u>Church Hill, Md.</u>		24a. REC'D BY REGISTRAR DATE <u>Oct. 24</u>	
				24b. REGISTRAR'S SIGNATURE <u>Edgar H. Kane</u>			

CERTIFICATE OF DEATH

Form fields for death certificate including: Name, Sex, Age, Date of Birth, Date of Death, Cause of Death, Place of Death, and Registrar's Signature.

*Heart Failure
Chronic Hypertension
Coronary Artery Disease
Myocardial Infarction*

BUREAU V. 2

Oct 1 1956

RECEIVED

Oct 26 1956

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10635

CERTIFICATE OF DEATH

Reg. Dist. No.

10634251

202

1. PLACE OF DEATH a. COUNTY Queen Anne MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Queen Anne	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Church Hill		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Church Hill	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION		d. STREET ADDRESS	
3. NAME OF DECEASED (Type or print) First John Middle F. Last Dodd		4. DATE OF DEATH Month October Day 3 Year 19 56	
5. SEX Male	6. COLOR OR RACE Col.	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 22-1873
9. AGE (In years last birthday) 82 yrs.		IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor		10b. KIND OF BUSINESS OR INDUSTRY Bank Building	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Mark Dodd		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 212-12-4804	
17. INFORMANT Mrs. John Dodd, Church Hill, Md.		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hemiplegia 352x DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		INTERVAL BETWEEN ONSET AND DEATH one week	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a. m. 19 p. m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) CH		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from 10/3 , 19 56 , to 10/3 , 19 56 , that I last saw the deceased alive on 10/3 , 19 56 , and that death occurred at 8:00 PM , from the causes and on the date stated above.			
ACTUAL SIGNATURE Robert W. Farr		ADDRESS (Street, city or town, state) Chestertown, Md. DATE SIGNED October 6, 1956	
PHYSICIAN'S NAME (Type) Robert W. Farr, M. D.			
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF Oct. 6	
22c. NAME OF CEMETERY OR CREMATORY Church Hill, Col.		22d. LOCATION (City, town, or county) (State) Church Hill, Md.	
23. FUNERAL DIRECTOR'S SIGNATURE Edgar L. Lane		ADDRESS Church Hill, Md.	
24a. REC'D BY REGISTRAR Oct. 9-56		24b. REGISTRAR'S SIGNATURE Edgar L. Lane	

may be released by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10636 CERTIFICATE OF DEATH

10635

Reg. Dist. No. 253

1. PLACE OF DEATH a. COUNTY Queen Anne MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Queen Anne			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chester				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Church Hill			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION				d. STREET ADDRESS			
3. NAME OF DECEASED (Type or print) Charles First Edmon Middle Larrimore Last				4. DATE OF DEATH Month October Day 22 Year 1956			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Mar. 1-1877	9. AGE (In years last birthday) 79 yrs.	IF UNDER 1 YEAR Months 22 Days 22 Hours 19 Min.	IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farm Owner				10b. KIND OF BUSINESS OR INDUSTRY Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Edward J. Larrimore				14. MOTHER'S MAIDEN NAME Annie Costin			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Elmer J. Larrimore-Church Hill, Md.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cancer of right lung 163X DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						INTERVAL BETWEEN ONSET AND DEATH 4 weeks	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from July 10, 1956 to Oct 22, 1956 , that I last saw the deceased alive on Oct 22, 1956 , and that death occurred at 2:00 P. M. from the causes and on the date stated above.							
ACTUAL SIGNATURE W. Devery Fisher				ADDRESS (Street, city or town, state) Centreville Md.		DATE SIGNED 10/24/56	
PHYSICIAN'S NAME (Type)							
22a. BURIAL, CREMATION, REMOVAL (Specify)		22b. DATE THEREOF Oct. 25		22c. NAME OF CEMETERY OR CREMATORY Centreville		22d. LOCATION (City, town, or county) (State) Centreville, Md.	
23. FUNERAL DIRECTOR'S SIGNATURE Edgar R. Kane				ADDRESS Church Hill, Md.		24a. REC'D BY REGISTRAR Oct. 26	
				24b. REGISTRAR'S SIGNATURE Elyabeth Hyster			

CERTIFICATE OF DEATH

WESTLAND STATE DEPARTMENT OF HEALTH - BATHING 10

NAME OF DECEASED JAMES E. BATHING		SEX Male		AGE 35	
DATE OF DEATH OCT 28 1956		PLACE OF DEATH Bathing		CAUSE OF DEATH Heart Disease	
TIME OF DEATH 10:00 AM		PLACE OF BIRTH Bathing		OCCUPATION Bathing	
DATE OF BIRTH OCT 28 1921		PLACE OF BIRTH Bathing		OCCUPATION Bathing	
DATE OF DEATH OCT 28 1956		PLACE OF DEATH Bathing		CAUSE OF DEATH Heart Disease	
TIME OF DEATH 10:00 AM		PLACE OF BIRTH Bathing		OCCUPATION Bathing	
DATE OF BIRTH OCT 28 1921		PLACE OF BIRTH Bathing		OCCUPATION Bathing	
DATE OF DEATH OCT 28 1956		PLACE OF DEATH Bathing		CAUSE OF DEATH Heart Disease	
TIME OF DEATH 10:00 AM		PLACE OF BIRTH Bathing		OCCUPATION Bathing	
DATE OF BIRTH OCT 28 1921		PLACE OF BIRTH Bathing		OCCUPATION Bathing	

BUREAU V. 2

OCT 30 1956

RECEIVED

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS A15 (4)
ISM 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10637

CERTIFICATE OF DEATH

Reg. Dist. No. 251

10637

1. PLACE OF DEATH a. COUNTY <u>Queen Anne</u> MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE <u>Maryland</u> b. COUNTY <u>Queen Anne</u>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Crumpton</u>				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Crumpton</u>			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION				d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>
3. NAME OF DECEASED (Type or print)		First <u>Ella</u> Middle <u>Catherine</u> Last <u>Stutz</u>		4. DATE OF DEATH		Month <u>October</u> Day <u>25</u> Year <u>19 56</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Mar. 29, 1979</u>		9. AGE (In years last birthday) <u>77</u> yrs.	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13. FATHER'S NAME <u>Enoch Clough</u>				14. MOTHER'S MAIDEN NAME <u>Elmira Coleman</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Address <u>Mrs. Elmer Larimore--Crumpton, Md.</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u> <u>420.1</u> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <u>Coronary Sclerosis</u> (c) <u>Chronic Myocarditis</u>							INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Linked</u>							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>40</u>				
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. <u>4</u> <u>19</u>			20d. INJURY OCCURRED While <input checked="" type="checkbox"/> at work Not while <input type="checkbox"/> at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)
21. I certify that I attended the deceased from <u>Aug 1 1955</u> , 19____, to <u>Oct 29</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>Oct 29</u> , 19 <u>56</u> , and that death occurred at <u>10 P.</u> M., from the causes and on the date stated above.							
ACTUAL SIGNATURE <u>[Signature]</u> M.D.				ADDRESS (Street, city or town, state) <u>Fleetville</u> DATE SIGNED <u>[Signature]</u>			
PHYSICIAN'S NAME (Type)							
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		22b. DATE THEREOF <u>Nov. 1</u>		22c. NAME OF CEMETERY OR CREMATORY <u>Crumpton</u>		22d. LOCATION (City, town, or county) (State) <u>Crumpton, Maryland</u>	
23. FUNERAL DIRECTOR'S SIGNATURE				ADDRESS		24a. REC'D BY REGISTRAR DATE <u>NOV 2 1956</u> 24b. REGISTRAR'S SIGNATURE <u>Edgar L. Lane</u>	

M. A. RAND STATE DEPARTMENT OF HEALTH—BALTIMORE, MD.

NOV 2 1956

RECEIVED

10638

10638

Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH No.

1. PLACE OF DEATH:

COUNTY Queen Anne MARYLAND
 CITY (If outside corporate limits, write RURAL OR and give nearest town) Centerville
 TOWN Centerville
 HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE MD COUNTY Queen Anne
 CITY (If outside corporate limits write RURAL and give nearest town) Centerville
 TOWN Centerville
 STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED:

(First) Robert (Middle) S (Last) Teat

4. DATE OF DEATH (Month) (Day) (Year)
Oct 21 1956

5. SEX:

male

6. COLOR OR RACE:

col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):

WIDOWED

8. DATE OF BIRTH:

Nov 9 - 1910

9. AGE last birthday:

45 yrs.

IF UNDER 1 YEAR

IF UNDER 24 HRS.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):

Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

Day work

11. BIRTHPLACE (State or foreign country):

Centerville MD

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME:

Steve Teat

14. MOTHER'S MAIDEN NAME:

Blanche Gibbs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

no

16. SOCIAL SECURITY No.:

213-14-1486

17. INFORMANT & ADDRESS:

Pearl Thompson (sister) 2215 Gay best 6
Phila Pa

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause

353.8 Died in an Epileptic seizure

DUE TO

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause
 stating underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

INTERVAL BETWEEN ONSET AND DEATH

20. AUTOPSY?

Yes ☐ No ☒21a. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town)

(County)

(State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE

W. Henry Fisher

CHIEF MEDICAL EXAMINER

DEPUTY MEDICAL EXAMINER

ASSISTANT MEDICAL EXAM.

DATE SIGNED

10/22-56

23. BURIAL, CREMATION, REMOVAL (Specify):

Buried

DATE THEREOF

Oct 27 1956

NAME OF CEMETERY OR CREMATORY

Centerville Cemetery

LOCATION (City, town, or county)

Centerville, Maryland

(State)

DATE REC'D BY LOCAL REG.

10-24-56

REGISTRAR'S SIGNATURE

Elmer C. Metcalf

24. FUNERAL DIRECTOR

James H. Barton

ADDRESS

Centerville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEMORIAL BY THE DEPARTMENT OF HEALTH - STATEMENT IN

MAINTAINING RECORDS OF DEATHS - STATEMENT IN

DEATH

STATE OF NEW YORK

Form with multiple horizontal lines for text entry, mostly illegible due to fading.

BUREAU V. S.

NOV 2 1956

RECEIVED

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

1 10639 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH

10639

Reg. Dist. No.

251

1. PLACE OF DEATH a. COUNTY <u>QUEEN ANNE</u> MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MARYLAND</u> COUNTY <u>QUEEN ANNE</u>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>RURAL CHURCH HILL</u>				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>RURAL CHURCH HILL</u>			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION				e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) <u>JAMES</u> First <u>HENRY</u> Middle <u>THOMPSON</u> Last				4. DATE OF DEATH Month <u>Oct.</u> Day <u>17</u> Year <u>1956</u>			
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>7-18-1918</u>	
9. AGE (In years last birthday) <u>38</u> yrs.		IF UNDER 1 YEAR Months <u> </u> Days <u> </u>		IF UNDER 24 HRS. Hours <u> </u> Min. <u> </u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>MARYLAND</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>							
13. FATHER'S NAME <u>JAMES THOMPSON</u>				14. MOTHER'S MAIDEN NAME <u>MARY E. CANNON</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u> </u>		17. INFORMANT Address <u>MR. JAMES THOMPSON - CHURCH HILL</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u> 331x DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <u>Cerebral Arterial Sclerosis</u> DUE TO (c) <u> </u>							INTERVAL BETWEEN ONSET AND DEATH <u>2 hours</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Long standing results of congenital diabetes</u>							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) <u>No</u>				20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) <u> </u>			
20c. TIME OF INJURY Month <u> </u> Day <u>19</u> Year <u> </u> Hour a. m. <u> </u> p. m. <u> </u>		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from <u>Oct 17</u> , 19 <u>56</u> , to <u>Oct 17</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>Oct 17</u> , 19 <u>56</u> , and that death occurred at <u>630 P.M.</u> , from the causes and on the date stated above.							
ACTUAL SIGNATURE <u>C. H. Metcalfe</u> M.D.				ADDRESS (Street, city or town, state) <u>Superiorville, Ind.</u>			
PHYSICIAN'S NAME (Type) <u>C. H. METCALFE</u>				DATE SIGNED <u>10/20/56</u>			
22a. BURIAL, CREMATION, REMOVAL (Specify) <u> </u>		22b. DATE THEREOF <u>Oct. 20</u>		22c. NAME OF CEMETERY OR CREMATORY <u>Superiorville</u>		22d. LOCATION (City, town, or county) (State) <u>Superiorville Ind.</u>	
23. FUNERAL DIRECTOR'S SIGNATURE <u>Edgar L. Lane</u> ADDRESS <u>Church Hill, Md.</u>				24a. REC'D BY REGISTRAR DATE <u>10-20</u>		24b. REGISTRAR'S SIGNATURE <u>Edgar L. Lane</u>	

CERTIFICATE OF DEATH

Central Thompson
Central
Central

7 and 8 containing records of confidential sources

REAU V. 3

OCT 24 1956

RECEIVED

Central Thompson

OCT 17 1956

OCT 17 1956

OCT 17 1956

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10640

10640

CERTIFICATE OF DEATH

Reg. Dist. No. 252

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Queen Anne's</u> MARYLAND				STATE <u>Md.</u> COUNTY <u>Q.A.</u>			
CITY (If outside corporate limits, write RURAL OR end give nearest town)		LENGTH OF STAY (In this place)		CITY (If outside corporate limits, write RURAL end give nearest town) OR TOWN			
<u>Centreville</u>		<u>84 yrs.</u>		<u>Centreville</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
(First) <u>Spencer</u> (Middle) (Last) <u>Wright</u>				(Month) <u>Oct.</u> (Day) <u>15</u> (Year) <u>56</u>			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR		IF UNDER 24 HRS.
<u>M</u>	<u>W</u>	<u>Married</u>	<u>Sept. 1, 1872</u>	<u>84</u> yrs.	Months	Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
<u>Banker</u>				<u>Md.</u>		<u>U.S.A.</u>	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
<u>John Spencer Wright</u>				<u>Annie Turpin</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS			
<u>No</u>				<u>Mrs. Spencer Wright, Centreville</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
332X IMMEDIATE CAUSE (A)				<u>Cerebral Thrombosis</u>			
ANTECEDENT CAUSE(S) DUE TO				<u>Generalized Atherosclerosis</u>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO (B)							
(C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>April</u>, 19<u>53</u>, to <u>Oct</u>, 19<u>56</u>, that I last saw the deceased alive on <u>Oct 15</u>, 19<u>56</u>, and that death occurred at <u>2:55</u> P.M., from the causes and on the date stated above.							
SIGNATURE <u>Irwin S. Hoyt</u> M.D.				DATE SIGNED <u>10/15/56</u>			
				ADDRESS (Street, city, town, state) <u>Centreville</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>Burial</u>		<u>Oct 17-56</u>		<u>Chestfield</u>		<u>Centreville Maryland</u>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
<u>10-16-56</u>		<u>Elsie Branstetter</u>		<u>W. C. Branstetter</u>		<u>Centreville Md.</u>	

CERTIFICATE OF DEATH

100-10-20

Reg. Dist. No.

1. Name of deceased (Print or write full name)

2. Sex

3. Race

4. Date of death

5. Time of death

6. Place of death

7. Cause of death

8. Manner of death

9. Signature of physician

10. Signature of registrar

11. Date of birth

12. Place of birth

13. Date of marriage

14. Place of marriage

15. Date of death of spouse

16. Place of death of spouse

17. Date of death of child

18. Place of death of child

19. Date of death of grandchild

20. Place of death of grandchild

21. Date of death of great-grandchild

22. Place of death of great-grandchild

23. Date of death of great-great-grandchild

24. Place of death of great-great-grandchild

25. Date of death of great-great-great-grandchild

26. Place of death of great-great-great-grandchild

27. Date of death of great-great-great-great-grandchild

28. Place of death of great-great-great-great-grandchild

29. Date of death of great-great-great-great-great-grandchild

30. Place of death of great-great-great-great-great-grandchild

BUREAU V. S.

OCT 22 1956

RECEIVED

10-11-20 11:11 AM
General
10-11-20 11:11 AM
General

INSTRUCTIONS